MULTIP EPENDENT CLAIM FEE C. ULATION SHEET

(FOR USE WITH FORM PTO-875)

TOY	55	211

FILING DATE

APPLICANT(S)

		-		
		·		
L.	,,,		IYI.	١

		FILED		AFTER		TER NOMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
3	┥	-	 			
4	1	1				
5	 	1				
6		1				
7		/				
8	┦——	/				
9	 	-				
11	 -	1				
12	1	 				
13		/				
14		1				
15	 					 -
16 17	 -					
18	 					
19	 	 				
20	1					
21				 		
22						
23	 					
24 25						
26	 					
27			 			
28						
29						· ·
30						
31						
32 33						
34						
35						
36						
37						
38 39						
40						
41						
42 .					-+	
43						
44						
45 46		 -				
47			}-			
48						
49						
50						
TAL IND.	2	4		4		4
TAL DEP	12	€ 28		(22		€ ■ .
TOTAL	14	100	B	10 m	8	
	" / !`			- College	[3	- CENTRAL

1	/	AS FILED		٨	AFTER		AFTER		
İ		ND.	DED		I"AMENDMENT		2 MAMERDMENT		
51		ιD.	DEP.	IND	. DEI	Ŀ	IND.	DEP.	
52	\dashv			┨──	+	4			
53			-	 	┪	4		 	
54					1	1		 	
55						7		 	
<u>56</u> 57						1		 	
58	┪—			┨	<u> </u>	1			
59	_	-		 -	┧	4			
60				1	┪—	+			
61					1	+		 	
62		_				7			
63	┪—		<u> </u>						
65	┪—	\dashv		 		4			
66	1-	\dashv				4			
67	1	_			┧	+		ļ	
68				 	 	1			
69	1	\Box			1	1			
70	┩	4				1			
71 72	╂	-4		<u> </u>		\mathbf{I}			
73	┨──	+			 	1			
74	1-	\dashv			╂	╂-			
_75		\dashv			1	╂			
76		\exists			1	╁			
77	 					1			
78 79 .	 				ļ	L	\Box		
80	╂──	+			 	1-			
81	1	十			 	╂╌			
82					 	1-			
83		\Box				1	$\neg \neg$		
84	 	4				1			
<u>85</u> 86	 	4		· .	!	1_			
87	 	╬			 	! -			
88		+			 	╂			
89		1			1	1-		1	
90		\Box				T			
91	 								
92 93		+			ļ	1_			
94	 	+			 	1			
95		\top				Ͱ	$\overline{}$		
96						 	\dashv	\dashv	
97	ļ	1	\Box						
98 99	 	+]	
		+				Ė			
TOTAL EXD.	 	+	-			-	-	_	
		L	4		4	_		4	
TOTAL DEP		_ <	(2		♦ 1			4	
TOTAL		2	200				1		
		<u> </u>	. DEPART	MENT of CI		<u> </u>	1	DY SHIKKE	

U.S. DEPARTMENT & COMMERCE